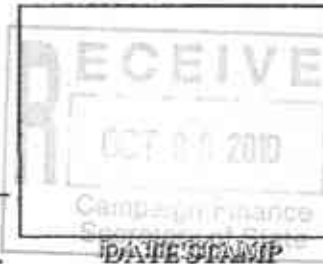


2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Candidate John Shirley
 Address P.O. Box 4334 Brandon 39047 County Randolph
 Telephone Work 601 992 8589 Home _____ Fax _____
 Contact Name John Shirley Email Address _____
 Office Sought Circuit Judge District 20

☐ Check here if above is different from previous report

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
 ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
 ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
☒ ~~October 10, 2009~~ ²⁰¹⁰ Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
 ____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
 ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 +\$ 0 = \$ 0	\$ 0	\$ 0
Total amount of disbursements	\$ 3656 +\$ 0 = \$ 3656	\$ 3656	\$ 5084.33
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

John Shirley
Signature of Candidate

10/6/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39208 or fax to 601-359-1499 or 601-376-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

John Shirley

Reporting period

7/1/10

through

9/30/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>My Campaign Store</u>	<u>8/16/10</u>	\$ <u>945</u>
Mailing Address		
<u>P.O. 596</u>		
City, State, Zip Code	<u>9/23/10</u>	\$ <u>945</u>
<u>Telfer'sville, IN</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2510</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Custom Products</u>	<u>8/10/10</u>	\$ <u>1482</u>
Mailing Address		
<u>Flowood, MS</u>	<u>1/1/10</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1482</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ONEUSKY PROMO</u>	<u>9/1/10</u>	\$ <u>284</u>
Mailing Address		
<u>Richland, MS</u>	<u>1/1/10</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/10</u>	\$
Mailing Address		
	<u>1/1/10</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/10</u>	\$
Mailing Address		
	<u>1/1/10</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/10</u>	\$
Mailing Address		
	<u>1/1/10</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$